

## PROJECT 10073 RECORD

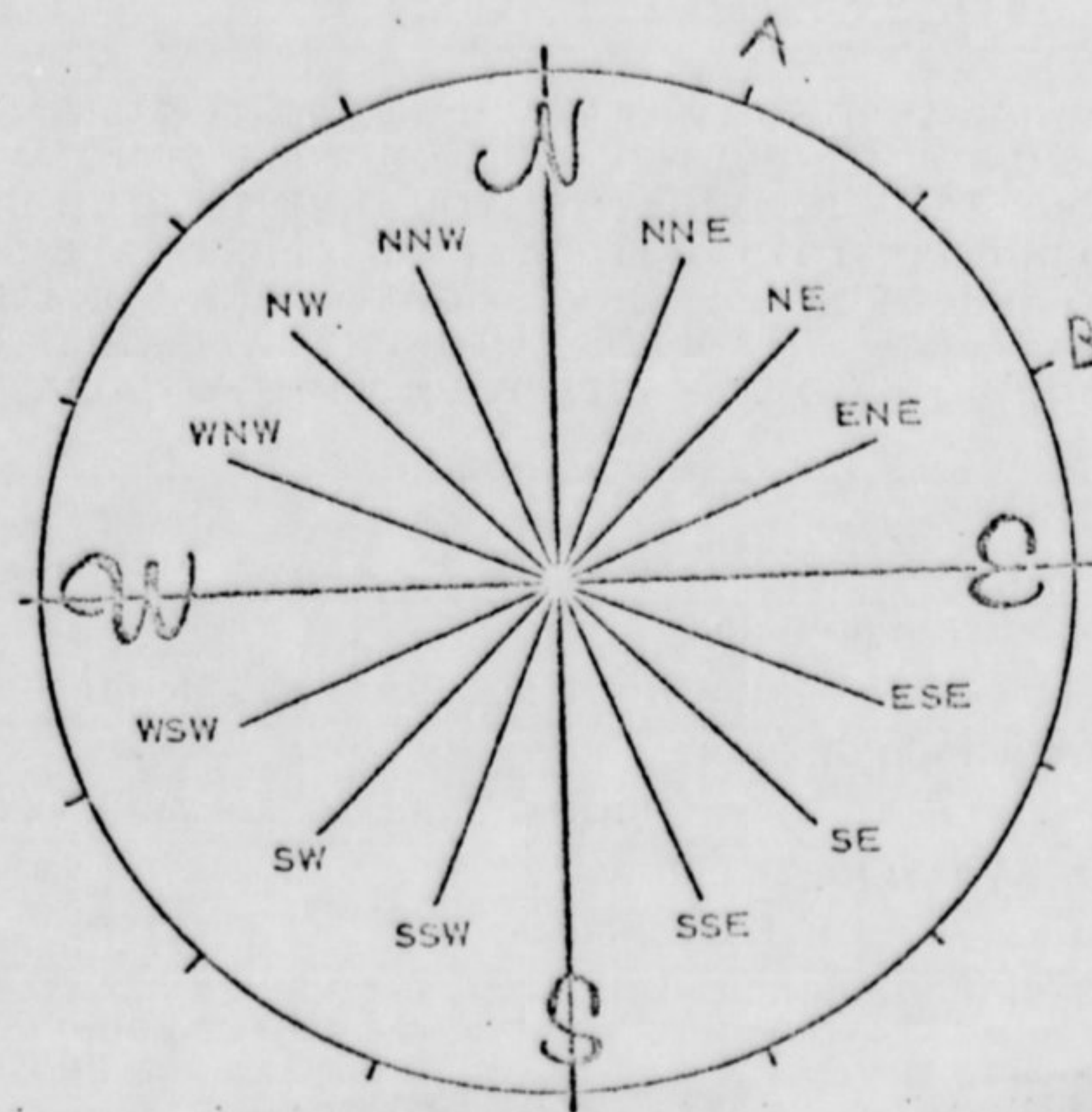
1. DATE - TIME GROUP May 1969.. (Conflicting)	2. LOCATION Allentown, Pennsylvania
3. SOURCE Civilian	10. CONCLUSION Other (CONFLICTING DATA)
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION Conflicting	11. BRIEF SUMMARY AND ANALYSIS  Observer originally gave date of sighting as 4 May 69 and time of sighting as 10:00 PM EDT. Later gave date as 6 May 69 and time as 8:37 PM EDT.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE NNE - ENE	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

FORM

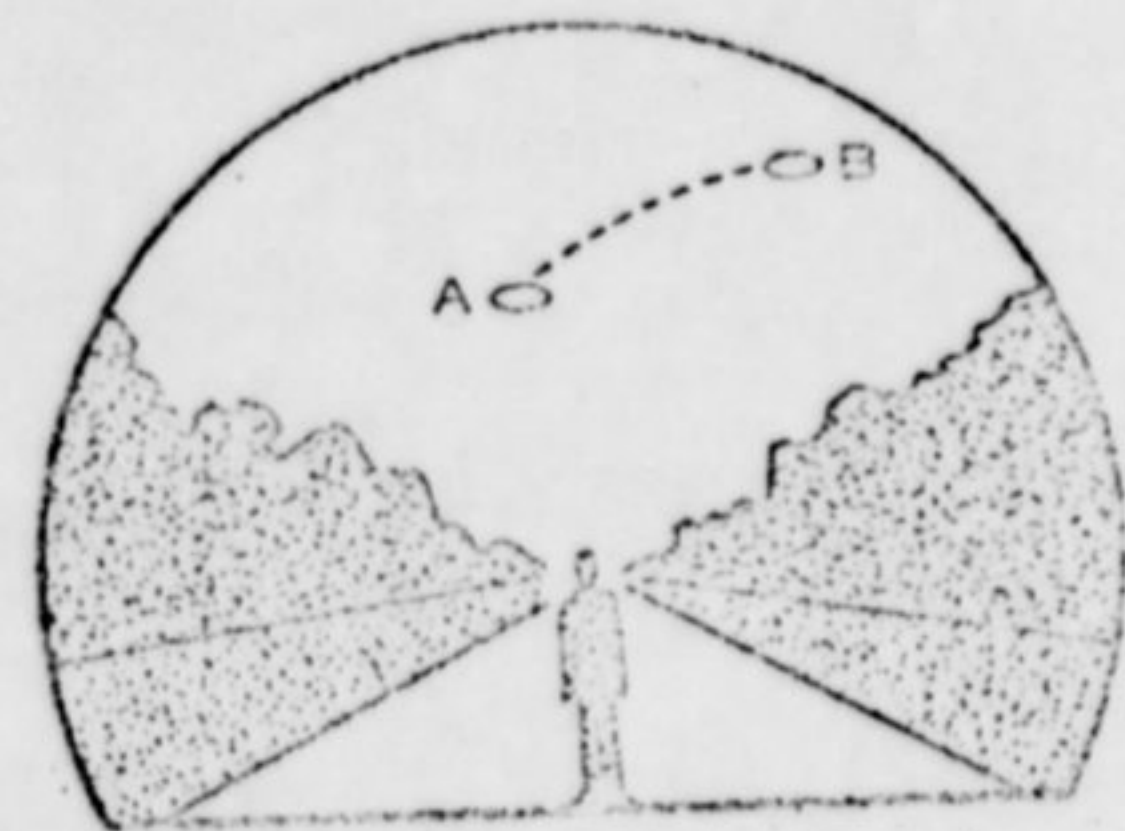
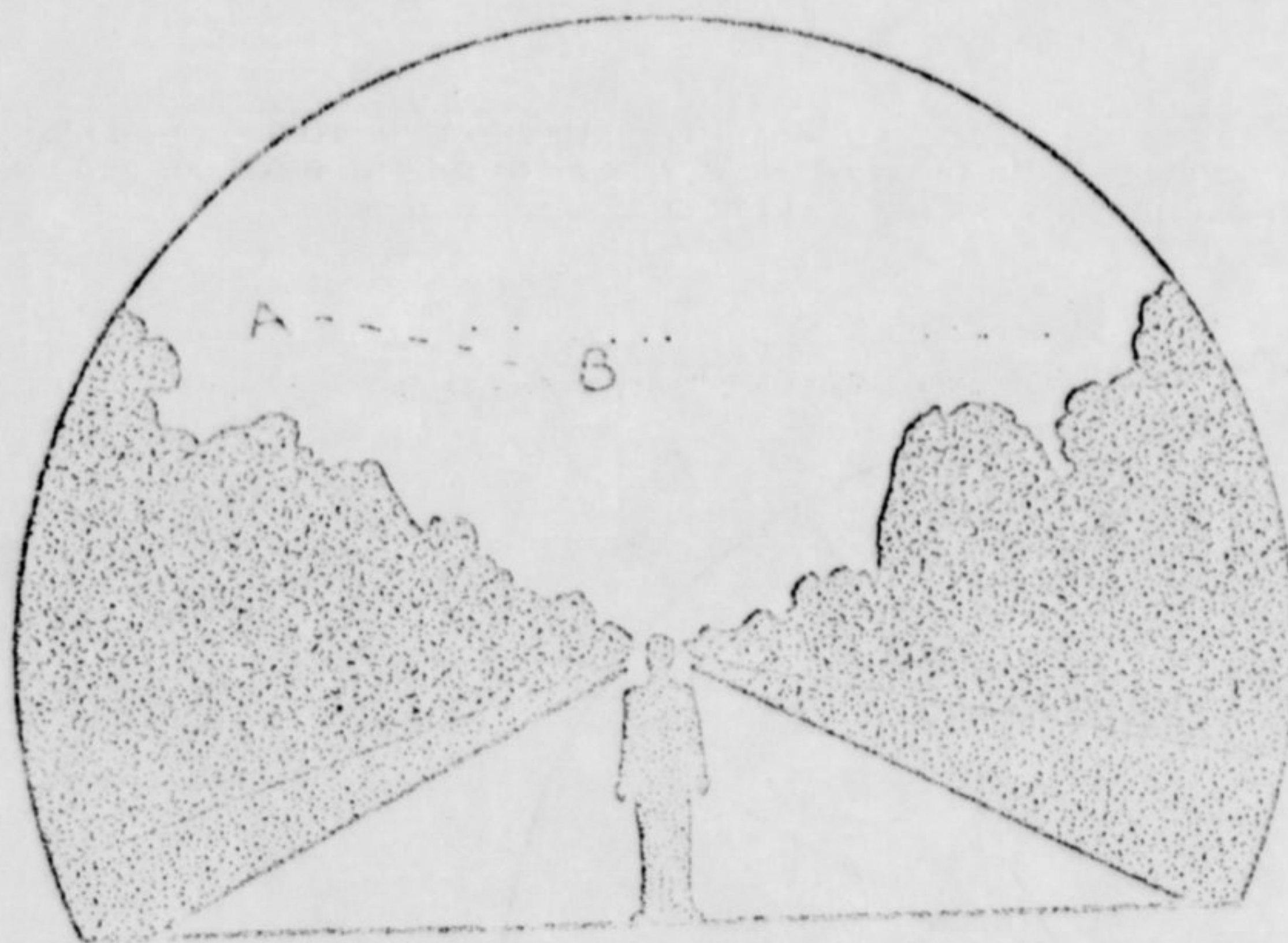
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.



NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)

<input checked="" type="checkbox"/> OUTDOORS		IN BUSINESS SECTION OF CITY
IN BUILDING		IN RESIDENTIAL SECTION OF CITY
IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER		IN OPEN COUNTRYSIDE
IN BOAT		NEAR AIRFIELD
IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER		FLYING OVER CITY
OTHER		FLYING OVER OPEN COUNTRY
		OTHER

IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:

WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?
NORTH	EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOUTH	WEST	
NORTHEAST	SOUTHEAST	
NORTHWEST	SOUTHWEST	

EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.

DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.

HOW MUCH OTHER TRAFFIC WAS THERE?

DID YOU NOTICE ANY AIRPLANES? ☐ YES ☐ NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.

HOW LONG WAS THE PHENOMENON IN SIGHT?

LENGTH OF TIME	<input checked="" type="checkbox"/> CERTAIN OF TIME	<input type="checkbox"/> NOT VERY SURE
62 minutes	<input checked="" type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS

HOW WAS TIME DETERMINED?

we saw it about a minute

WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? ☒ YES ☐ NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER			
<input type="checkbox"/>	DAY	<input type="checkbox"/>	CUMULUS CLOUDS ( <i>Low fluffy</i> )	<input type="checkbox"/>	FOG OR MIST
<input type="checkbox"/>	TWILIGHT	<input type="checkbox"/>	CIRRUS CLOUDS ( <i>High fleecy or Herring-bone</i> )	<input type="checkbox"/>	HEAVY RAIN
✓	NIGHT	<input type="checkbox"/>		<input type="checkbox"/>	LIGHT RAIN OR DRIZZLE
✓	CLEAR	<input type="checkbox"/>	NIMBUS CLOUDS ( <i>Rain</i> )	<input type="checkbox"/>	HAIL
<input type="checkbox"/>	PARTLY CLOUDY	<input type="checkbox"/>	CUMULONIMBUS CLOUDS	<input type="checkbox"/>	SNOW OR SLEET
<input type="checkbox"/>	COMPLETELY OVERCAST	<input type="checkbox"/>	( <i>Thunderstorms</i> )	<input type="checkbox"/>	UNKNOWN
<input type="checkbox"/>		<input type="checkbox"/>	HAZE OR SMOG	✓	NONE OF THE ABOVE

12. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS		(2) MOON	
NONE		BRIGHT MOONLIGHT	✓ NO MOONLIGHT
A FEW		MOON WITH HALO	UNKNOWN
✓ MANY		MOON HIDDEN BY CLOUDS	
UNKNOWN		PARTIAL (New or quarter)	

13. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/>	IN FRONT OF YOU	<input type="checkbox"/>	TO YOUR RIGHT	<input type="checkbox"/>	OVERHEAD (Near noon)
<input type="checkbox"/>	IN BACK OF YOU	<input type="checkbox"/>	TO YOUR LEFT	<input type="checkbox"/>	UNKNOWN

14. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

street lamp at end of lot (See Diagram ④)

15. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

It was light + luminous. Colors were red + amber.  
It was solid + edges were fuzzy. Looked like point of light, sort of like a falling star.



13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?		<input checked="" type="checkbox"/>	
	STAND STILL AT ANYTIME?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	SUDDENLY SPEED UP AND RUN AWAY?		<input checked="" type="checkbox"/>	
	BREAK UP IN PARTS AND EXPLODE?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	CHANGE COLOR?		<input checked="" type="checkbox"/>	
	GIVE OFF SMOKE?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	CHANGE BRIGHTNESS?		<input checked="" type="checkbox"/>	
	CHANGE SHAPE?		<input checked="" type="checkbox"/>	
	FLASH OR FLICKER?		<input checked="" type="checkbox"/>	
	DISAPPEAR AND REAPPEAR?		<input checked="" type="checkbox"/>	
	SPIN LIKE A TOP?		<input checked="" type="checkbox"/>	
	MAKE A NOISE?		<input checked="" type="checkbox"/>	
	FLUTTER OR WOBBLE?		<input checked="" type="checkbox"/>	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

I was looking at the stars in the sky,

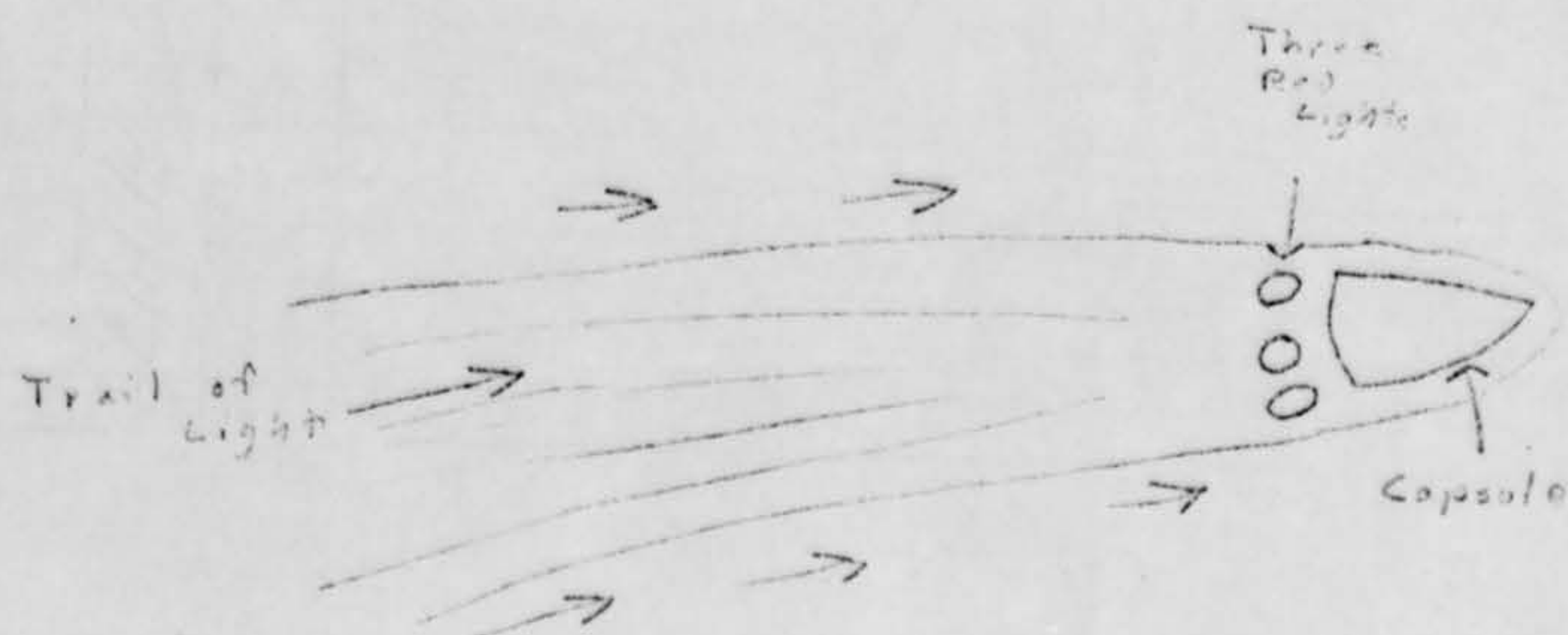
A. HOW DID IT FINALLY DISAPPEAR?

It's lights turned out

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☐ YES ☒ NO. IF "YES," DESCRIBE.



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

It was shaped like a triangle. In the experiment  
the match would have covered the capsule.



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

EYEGLASSES

SUNGLASSES

WINDSHIELD

SIDE WINDOW OF VEHICLE

WINDOWPANE

CAMERA VIEWER

BINOCULARS

TELESCOPE

THEODOLITE

OTHER

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☐ YES ☒ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED 20 m.p.h.

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 30 ft.

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

I would compare it to a meteor. It looked the same only a meteor does not have capsule of three red lights.

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☒ YES ☐ NO. IF "YES," DESCRIBE.

There were no dogs barking.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?  
☐ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

[REDACTED] Westtown, Pa.

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

1. LAST NAME

[REDACTED]

2. FIRST NAME

[REDACTED]

3. ZIP CODE

[REDACTED]

4. TELEPHONE (Area code and number)

[REDACTED]

AGE

11

18101

✓

MALE

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

None

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME [REDACTED] DAY 6 MONTH May YEAR 1969

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 30 MONTH May YEAR 1969



27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE,  
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

None



*[REDACTED]*

Allenstown, Penna.

Gentlemen,

Please do not think me a nut or a lunatic for writing this letter. I am 11 years old and my name is Michael Tedesco. For two years now I have been interested in UFO's, aerial phenomena, flying saucers, or whatever you want to call it. On Sunday, May 4, 1969 my sister and I witnessed a strange sighting. We were playing shadow-tag in Feinberg's Parking Lot (See diagram (A)). It was a clear night. Since I am partly interested in astronomy, I kept looking up at the stars. While coming up from the light at the end of the lot I came to a tree. Once again I took a glance in the sky—

Before I go on, I'll give you  
a background of what you should know.



My sister's name is ~~XXXXXXXXXX~~ Her  
nick-name is ~~XXXX~~ The yard pictured is  
where the tree is that we saw the  
UFO above. The yard had two dogs in  
it. The dogs were always barking at us.

Now — I looked up and there it was.  
It looked like a meteor. ~~But~~ Only it had  
a red capsule; possibly the UFO itself with  
a tail. It had three red lights right behind  
the capsule. The rest was yellow, like a meteor  
tail. My first ~~reaction~~ reaction was, "Oh, my  
God, P-d-LOOK!" She looked up in time  
to see it, though it was traveling fast. Then  
an odd thing happened. As soon as I pointed  
to it, the dogs stopped barking. Then the  
lights went out — in ~~sequence~~ sequence. Soon it  
disappeared from sight. (UFO in diagram (B)). I  
thought maybe it was a meteor, then I thought  
about the lights. Then it thought it was  
a flare somebody threw up in the air. I  
took a flashlight and went looking for  
anything that could have been an explanation.  
I found nothing. It was 10:00 P.M. so



I went in the house. I told my other sister about what happened. She said, "Maybe there were some aliens in it. They might have seen me pointing and turned out their lights." The next day I looked in the newspaper for any reports on meteors. None.

Now it is 10:00 P.M. May 6, 1969. I am still thinking about the UFO. PLEASE file this in your files as a UFO report. If I see anymore UFO's you'll be the first to know. Thanks for your time.

UFO Watcher,

[REDACTED]

Allentown, Pennsylvania



UFO-

~~86~~ PARKING LOT

May 4, 1969

about 8:38 P.M.



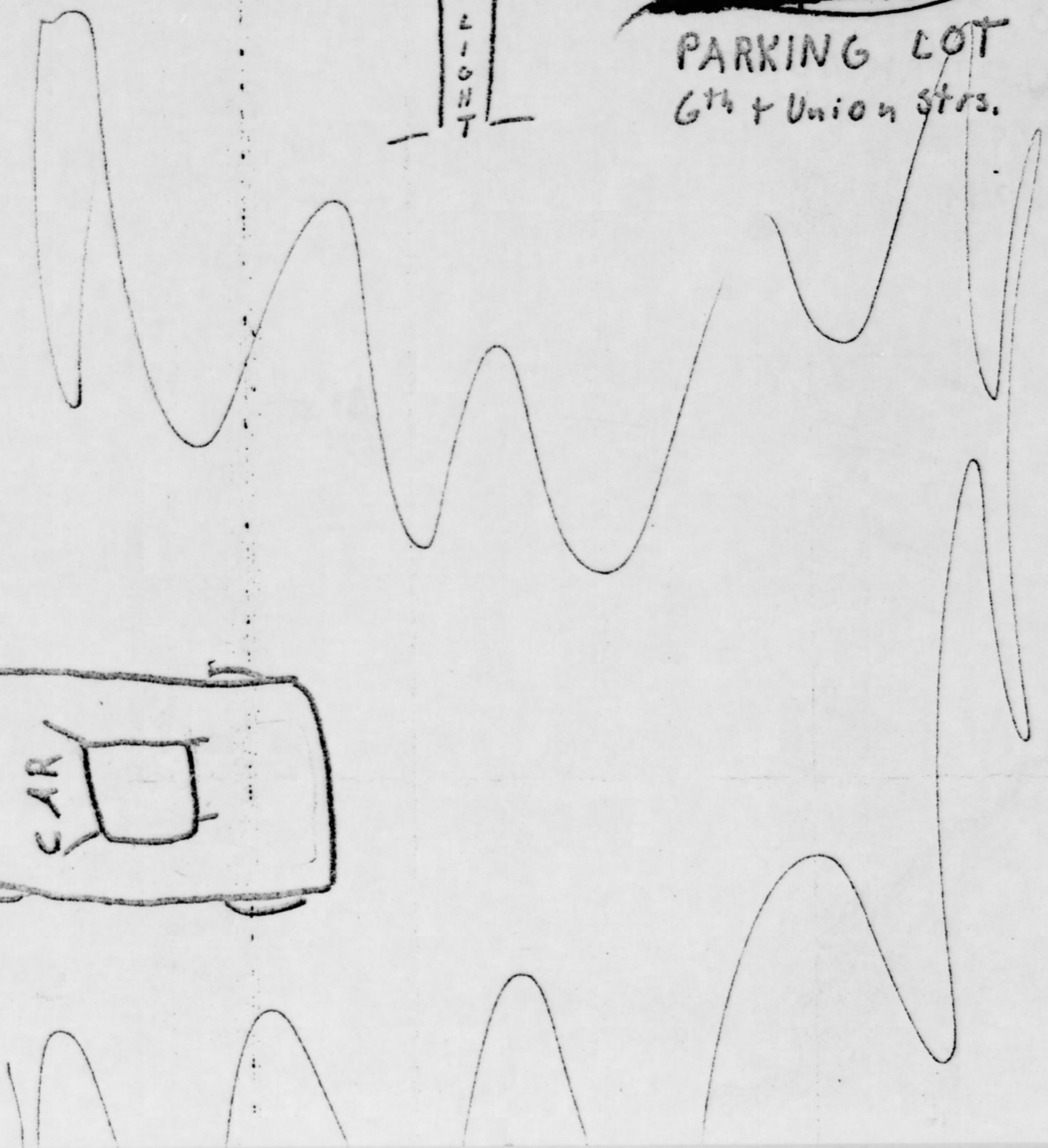


(A)

YARD  
→  
YARD  
→  
YARD  
→

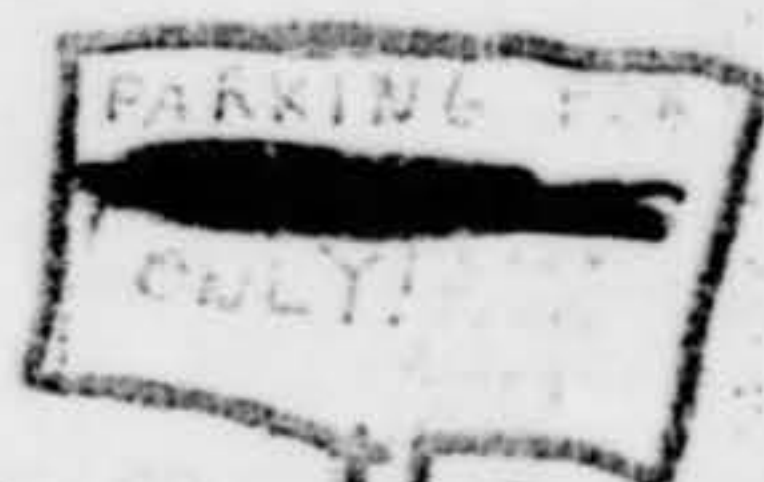


~~XXXXXXXXXX~~  
PARKING LOT  
6th + Union Strs.





YARD



SIDE  
WALK

ENTRANCE TO LOT


SIDE  
WALK



DEPARTMENT OF THE AIR FORCE  
WASHINGTON 20330

OFFICE OF THE SECRETARY

19 MAY 69

  
This replies to your letter of May 6, 1969, in which you described your sighting of an unidentified flying object (UFO).

Without additional information, we could not attempt to tell you what you saw. However, if you will complete the inclosed questionnaire and mail it in the attached envelope, our technical people at Wright-Patterson Air Force Base, Ohio, will be able to investigate further and make an evaluation.

Should you ever see another UFO, please report it as soon as possible to the nearest Air Force base. Each base in the United States has a UFO investigator. He is in a better position to make an on-the-spot investigation, which usually results in a more accurate analysis.


In the meantime, you might be able to identify your sighting by looking at the categories of objects often reported as UFO's in the Project Blue Book we are inclosing.

Sincerely,

/s/

JAMES H. AIKMAN  
Major, USAF  
Chief, Civil Branch  
Community Relations Division  
Office of Information

Attachments

  
Allentown, Pennsylvania 18101



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R230

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 6 MONTH May YEAR 1969

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 8 MINUTES 37 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 8 MINUTES 38 ☐ A.M. ☐ P.M.

4. TIME/ZONE

☒ DAYLIGHT SAVINGS☐ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

I was at [REDACTED] St.  
Allentown, Penna. (Map of Lot-Diagram A)

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

